

## CHAPTER 3. MEDICAL LOGISTICS PROGRAMS

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### 3-1. CENTRALLY-MANAGED PROGRAMS - SUPPLY CLASS VIII

a. The DA has established specific programs to support contingency operations as part of its overarching strategic mobility program and the APS is one of them. Complementing the APS program is the OTSG's Contingency Stocks that support areas not covered by the APS.

b. The DA DCSLOG owns APS materiel. The DA directed that AMC manages the non-SC VIII and OTSG manage the SC VIII. OTSG delegated the responsibility for SC VIII to the USAMMA. HQDA authorizes the approval of the release of APS stocks. Once released, AMC/ USAMMA will direct movement as necessary. Program elements within APS are:

- ◆ Brigade/Unit Sets
- ◆ Operational Projects
- ◆ Army War Reserve Sustainment

(1) Overall APS Program Management, contact the USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-4518 or 301-619-4518.

(2) APS-1 (CONUS) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-6901/4518 or 301-619-6901/4518)

(3) APS-2 (Europe) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-6901/4518 or 301-619-6901/4518).

(4) APS-3 (Afloat) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-4430 or 301-619-4430).

(5) APS-4 (Korea and Japan) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-4430/4518 or 301-619-4430/4518).

(6) APS-5 (Bahrain, Kuwait and Qatar) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-6901/4518 or 301-619-6901/4518).

c. OTSG owns contingency stock materiel. The USAMMA centrally manages various programs elements. OTSG authorizes the release of the OTSG contingency stock. Program elements are:

- ◆ Medical Chemical Defense Materiel (MCDM)
- ◆ Unit Deployable Packages (UPD) Medical Potency & Dated (P&D) Materiel
- ◆ Reserve Component Hospital Decrement (RCHD)

For additional information pertaining to the USAMMA's SC VIII Centrally Managed Programs, contact any of the offices in the following list:

(1) For MCDM Program, contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-4306 or 301-619-4306/4412.

(2) For Centrally Managed Medical P&D Program, contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-4461 or 301-619-4518/4461.

(3) For RCHD Program, contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-47353/4412 or 301-619-7353/4412.

d. The *SB 8-75-S7* (20 July) contains in-depth information about the APS and Centrally Managed Programs.

### **3-2. INTEGRATED LOGISTICS SUPPORT**

a. The USAMMA ensures Integrated Logistics Support (ILS) for medical equipment provided to Table of Organization and Equipment (TOE) medical units. Since Operation Iraqi Freedom (OIF) began, the USAMMA has concentrated on ensuring support for new equipment items to include:

- ◆ packaging
- ◆ system configuration
- ◆ training analysis
- ◆ supply and equipment support
- ◆ technical data
- ◆ test, measurement, and diagnostic equipment (TMDE)
- ◆ maintenance planning

b. The support plan provides details on the clinical applications of the item and on the strategy for acquisition. In most cases, equipment is tested for clinical and environmental capabilities in realistic operating scenarios. A detailed test plan is developed to evaluate transportability, environmental extremes, and operational characteristics, e.g., analyzing performance in high heat and humidity or ability to withstand rough travel on a military truck without ruining sensitive electronics. The most viable and cost-effective test organization, such as the U.S. Army Medical Materiel Developmental Activity, the Aberdeen Test Center (Aberdeen, Maryland) or the AMEDD Board is identified and a close relationship established to ensure the items are properly tested to meet Army requirements.

c. The USAMMA also evaluates medical equipment for obsolescence that is currently used by the U.S. Army. Equipment is periodically analyzed to determine if manufacturer support is still available or if the item falls into one of two categories:

- ◆ Non-supportable, Non-sustainable, and Obsolete Items (NNI)
- ◆ AMEDD Limited Support Items (ALSI)

NNI designates an item that is no longer supported by any commercial or federal agency. ALSI designates an item that is no longer supported by the manufacturer but can still be supported by the U.S. Army through parts stocks or cannibalization of parts from similar items. Items designated NNI and ALSI are prioritized for replacement, and a market investigation is initiated to identify the appropriate replacement technology or device.

c. The *SB 8-75-S5* contains in-depth information about Integrated Logistics Support, Materiel Acquisition, and similar topics.

d. For additional information contact, USAMMA, ATTN: MCMR-MMO-A, Fort Detrick MD 21702-5001; telephone DSN 343-4330 or 301-619-4330.

### **3-3. LOGISTICS ASSISTANCE PROGRAM (LAP)**

a. The USAMMA is revamping its AMEDD Logistics Assistance Program (LAP) to focus on vital medical logistics issues affecting the readiness of the deployable medical force. The USAMMA LAP will assist Army Commands (ARCOMS) and unit commanders in analyzing the true readiness posture of their units; and ensure the USAMMA has sufficient medical logistics information to accomplish its missions.

b. The USAMMA's LAP will be conducted in a two-phased operation:

(1) Phase one will focus on identifying those issues that impact the medical logistics readiness of the deployable medical force, and conducting analysis on those issues to provide appropriate measures to alleviate the impact.

(2) Phase two will focus on providing customer-oriented actions that increase medical logistics readiness. The direction and scope of the USAMMA LAP will be continually re-assessed to provide the MACOMs and unit commanders the most appropriate level of support. Characteristics of the LAP are:

- ◆ Provide a means to collect, correlate, assess, and disseminate information on those factors that have been found to result in decreased medical logistics readiness.

- ◆ Provide MACOMs and unit commanders with the technical guidance necessary to resolve medical logistics problems.

- ◆ Identify and provide reports through channels on all medical logistics functions that have been identified as having an adverse impact on medical logistics readiness including supply, maintenance, transportation, personnel, training, organization, systems, and doctrine.

- ◆ Provide improvements and sustain the readiness of medical materiel systems and medical logistics support of Active Army, National Guard, and Reserve Component Forces.

c. The 2006 edition of *SB 8-75-S4* (20 April 2006) will contain in-depth information about LAP and similar topics.

d. For additional information contact the USAMMA, ATTN: MCMR-MMO-L, Suite 100 1423 Sultan Dr, Fort Detrick MD 21702-5001; telephone DSN 343-4308 or 301-619-4308 / 4407.

### **3-4. MEDICAL LOGISTICS MANAGEMENT INTERNSHIP PROGRAM (MLMIP)**

a. The USAMMA has an established 6-month Internship Program for medical logistics officers, warrant officers, senior noncommissioned officers, and DOD civilians working in the medical logistics field. This program, offered biannually, provides an overview of the support health care environment focusing on medical logistics support, advanced technology, business practices and management techniques, DOD and civilian

health care organizations, DOD and DA systems and processes, and materiel acquisition.

b. The goals of the program are to:

(1) Develop logisticians for strategic-level programs emphasizing Joint and Army readiness;

(2) Provide experience and knowledge concerning leading-edge technology, organizational innovation, and defense acquisition; and

(3) Combine the best of defense and commercial health care logistics business practices.

c. The MLMIP provides the opportunity for individuals to meet both experience and training requirements set forth by the Defense Acquisition Workforce Improvement Act for Level 1 Certification in acquisition-related career fields.

d. For additional information please access the USAMMA website <http://www.usamma.army.mil> (subheading Internship Program) or contact the USAMMA, ATTN: MCMR-MMO, Fort Detrick, MD 21702-5001; DSN 343-7477 or 301-619-7477.

### **3-5. MEDICAL LOGISTICS SUPPORT TEAM (MLST)**

a. The Army Materiel Command (AMC) created the Logistics Support Element (LSE) to address the requirement for a tailor-made unit to provide Reception, Staging, On-ward Movement, and Integration (RSO&I) support of Army War Reserve assets. Individuals from various Army materiel commodity commands staff the LSE. These individuals can be military, civilian or contractor personnel. Representing the AMEDD Class VIII commodity is the USAMMA's MLST.

b. The MLST is a 32- to 50-member team with a variety of skills necessary to facilitate the handoff of pre-positioned medical materiel and non-medical Associated Support Items of Equipment (ASIOE) at a port or land-based facility in any theater. This materiel includes Army Pre-position stocks and other materiel included in TSG contingency programs. Functions of the MLST include command and control, medical maintenance, general maintenance, fielding of materiel, automation support, and contracting support. The skills found within the MLST include medical supply, automation specialist, medical maintenance, and general maintenance technicians. This team is comprised of soldiers, DA Civilians, and fielding contractors. This team can deploy on short notice to any theater.

c. The MLST will normally operate in direct support of the AMC LSE. Once the MLST completes the transfer of APS assets, it will redeploy to CONUS or prepare for follow-on missions as directed by the Commander, USAMMA.

d. *FM 100-17-1* details the requirement and responsibilities of the LSE and MLST.

e. *FM 63-11* gives an explanation on RSO&I.

f. *SB 8-75-S7* (20 July – current edition) contains in-depth information about MLST and similar topics.

g. For additional information contact USAMMA, ATTN: MCMR-MMO-SF, Fort Detrick, MD 21702-5001; telephone DSN 343-8572 / 2352 or 301-619-8572 / 2352.

### **3-6. TAMMIS ENTERPRISE WIDE LOGISTICS SYSTEM (TEWLS)**

a. The TAMMIS Enterprise-Wide Logistics System (TEWLS) is a comprehensive business and information technology endeavor centered on the Army Medical Department's (AMEDD) intermediate level logistics enterprise. The major thrust of this transformation is integrating several key elements into a single enterprise solution, or

- ◆ Re-hosting of the legacy Theater Army Medical Management Information System Medical Supply (TAMMIS MEDSUP) capabilities;
- ◆ Incorporating the U.S. Army Medical Materiel Agency's (USAMMA) SAP implementation known as the USAMMA Revolution in Logistics (URL);
- ◆ Developing requisite, new functionality; and
- ◆ Positioning the AMEDD for migration into the Joint Enterprise-Wide Logistics: Medical (JEWL-M).

b. The Commanding General's decision to implement critical intermediate-level capabilities into the URL changes the command's business model from autonomous business units to that of an integrated enterprise. This enterprise would include common business processes and data across the USAMMA, USAMMCE, 6<sup>th</sup> MLMC, USAMITC, and Active/Reserve Army deployable medical logistics organizations. It uses existing enterprise software from SAP resident at the USAMMA and expands it to meet the following overarching goals to:

- ◆ Promote Class VIII data synchronization among TAMMIS databases at USAMMCE and within CENTCOM.
- ◆ Provide interfaces and functionality to enable fulfillment of funded customer supply requisitions.
- ◆ Provide capability to maintain and manage inventories and order fulfillment in multiple locations.
- ◆ Provide capability to use the URL to manage asset visibility of fielded unit sets and equipment.

c. The desired end-state for TEWLS is to re-host TAMMIS from GOTS to COTS as well as migrate it to the DMLSS program. Work completed as part of this effort may become the basis for further extension into the Military Health System allowing for tri-service use (and replacement of significant government developed software at over 150 fixed hospitals worldwide developed under the DMLSS Program Office). That could be limited to inventory, assembly, financial, and master data management or may expand to include property, maintenance, and facility management functionality.

d. For additional information contact, USAMMA, ATTN: MCMR-MMA-DCS, Fort Detrick, MD 21702-5001; telephone DSN 343-6228 or 301-619-6228.

### **3-7. TECHNOLOGY ASSESSMENT AND REQUIREMENTS ANALYSIS (TARA)**

a. In an environment of constrained resources, it is imperative that sound commercial business practices be applied to our capital investment equipment programs. The decision makers at the U.S. Army Medical Command (USAMEDCOM) and the MTF level must have a means of acquiring the management information they need to effectively balance dwindling resources against clinical requirements. The ultimate goal for the TARA program is to establish a standardized methodology for assessing, planning, and pursuing the acquisition of equipment that is the appropriate technology for clinical practices within the AMEDD.

b. As proponent of the TARA, the Materiel Acquisition Directorate (MMO-A), USAMMA, is responsible for coordinating the TARA process and site visits with the facility to be assessed and with the appropriate medical or equipment consultants. The on-site TARA visit consists of four major components:

- Assessment of clinical operations
- Assessment of non-clinical operations
- Assessment of existing equipment for state of technology
- Development of requirements for equipment replacement

c. TARA specifics.

(1) A TARA provides a snapshot of the facility's diagnostic imaging and clinical laboratory processes for the period during which the site survey is conducted. However, the TARA is not intended as a substitute for the facility's own routine evaluation of their operations. Because changes in a facility's strategic vision could alter equipment requirements that fall within the scope of the TARA, the TARA team recommends that the requirements for the MTF be periodically re-evaluated, especially in the event of a major change in mission.

(2) The TARA process primarily assesses Medical Care Support Equipment (MEDCASE), which covers procurements of more than \$250,000, and Super Capital Equipment Expense Program (SuperCEEP), which covers procurements between \$100,000 and \$250,000.

(3) Using the data collected from site visits and from MEDCASE and SuperCEEP program requirements, the TARA team has constructed a database [the Web MEDCASE Requirements and Equipment (WebMRE)] to assist in providing guidance for approving future MEDCASE and SuperCEEP requests. The WebMRE database is used to front load MEDCASE and SuperCEEP requirements for routine replacement of diagnostic imaging systems. The USAMMA Materiel Acquisition Directorate generates MEDCASE and SuperCEEP requirements and assigns an Asset Control Number (ACN) that is sent to the MTF and Regional Medical Command (RMC) for approval. Once approved by the MTF and RMC, the requirement receives 1A approval when it is returned to the USAMMA.

(4) After the system is funded, a Requisition Form (DD Form 1348-6, *DOD Single Line Item Requisition System Document [Manual-long form]*) is submitted. Quotes from the MTF for the system requested (may be the MTF's vendor of choice) must be sent to the USAMMA for final approval. After the USAMMA concurs with the quoted system, the quote is forwarded to the Department of Veterans Affairs or the DSCP for purchase from their schedules.

(5) MPRs submitted for changing mission requirements or expanded business opportunities still require that the facility submit a MEDCASE and SuperCEEP procurement requirement. The justification should be no more than one page and, at a minimum, address the following questions:

- ◆ What is the intended use of the item?
- ◆ Why is the item needed?
- ◆ How will the item be used with other equipment?
- ◆ What are the advantages of the item compared with equipment currently in use or available?
- ◆ Why are these advantages needed?
- ◆ Have specific details been presented regarding cost-benefits, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?
- ◆ What will be the impact on mission accomplishment if the requested item is not acquired?
- ◆ Is the anticipated workload provided?
- ◆ Has consideration been given to the use of available excess assets to satisfy this requirement?

d. The *SB 8-75-S5* contains in-depth information about TARA, as well as more detailed projects and programs.

e. For additional information contact:

USAMMA  
ATTN: MCMR-MMO-AA  
1432 Sultan Drive, Suite 100  
Fort Detrick MD 21702-5001  
DSN 343-4344 or commercial 301-619-4344

### **3-8. VACCINES**

a. The USAMMA's Force Sustainment Directorate, Distribution Operations Center (MCMR-MMO-SO) is in charge of the Distribution Management of the DoD Anthrax and Smallpox Vaccine Program. It is also the Service Inventory Control Point for the Army's Influenza Virus (Flu) Vaccine. To access additional information, please use the USAMMA website at <http://www.usamma.army.mil/>.

b. The MMO-SO is responsible for, but not limited to, the following:

- Performing the coordinating, temperature monitoring, and reporting on the distribution of the vaccine from the manufacturer to the first level user (recipient).
- Coordinating the shipment and distribution of the vaccines to customers.
- Managing the vaccine databases.
- Performing redistribution management of excess vaccine from one site to another location. This redistribution benefits all the services since it prevents loss of product due to expiration of vaccine, resulting in significant cost savings to the government.

- c. For additional information on Vaccines contact the

USAMMA  
ATTN: MCMR-MMO-SO,  
Fort Detrick, MD 21702-5001  
Telephone DSN 343-3017 / 4320 / 4128 / 7913 / 4318 or  
Commercial 301-619-3017 / 4320 / 4128 / 7913 / 4318  
EMAIL: [USAMMADOC@amedd.army.mil](mailto:USAMMADOC@amedd.army.mil)

For **after hours, urgent issues only**, call: 301-676-1184 or 301-676-0857.